

TRIAL EXHIBIT 39

From: Pitan, Olorunfemi (femi.pitan)[/O=CHEVRON/OU=AG02/CN=RECIPIENTS/CN=FEMI.PITAN]
Sent: Thur 8/15/2019 9:03:58 AM (UTC)
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES][DNOY@chevron.com]
Subject: RE: Snookal, Mark- Medical report

Thanks ever so much!

From: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Sent: Thursday, August 15, 2019 10:03 AM
To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Good day, Ma

Thank you ma for your kind words.

We appreciate your leadership style **by example** as depicted in the index case (**Tenet 10**).

Kind regards,
Victor.

From: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Sent: Thursday, August 15, 2019 9:15 AM
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>; Aiwuyo, Henry [SERVITICO]
<henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Cc: NIGEC Staff Physicians (l9esc300) <L9ESC300@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Good day sirs,

Thanks for your very valuable and comprehensive input into this case. Your opinions were communicated to the Physicians in the U.S.
It has been decided that Mark Snookal is not a suitable candidate to work in Escravos. He will be considered for an assignment in Lagos.

Kind regards,
Femi Pitan

Dr O.C. Pitan
OH Physician/ Head, Occupational Health
Nigeria Mid Africa Strategic Business Unit
✉ femi.pitan@Chevron.com
☎ CTN 2772222 ext 61807
📠 International [REDACTED]

NMA HR: Focus, Process Excellence, Expertise

This message may contain confidential information and is intended only for the use of the parties to whom it is addressed. If you are not an intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any information in this message is strictly prohibited. If you have received this message in error, please notify me immediately at the telephone number indicated above

CUSA0001426

From: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Sent: Monday, August 5, 2019 5:55 PM
To: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Sir/Ma,

I agree with Dr Aiwuyo submissions on above employee, especially the precautionary measures highlighted which we need to further reiterate to our client.

I have a little concern about his choice of anti-hypertensives (Losartan and Amlodipine). Guideline-directed management recommends Beta-blockers like Carvedilol, Bisoprolol as part of his blood pressure control meds with a systolic BP target of less than 120mmHg (Thoracic aortic aneurysm and documented runs of premature ventricular complexes).

It will be nice if this is brought to the attention of his physician.

Kind regards,

Victor.

From: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>
Sent: Monday, August 5, 2019 2:26 PM
To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>; ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Good day,

With regards to this expert, 47years old employee with CT and ultrasound evidence of Thoracic aortic aneurysm,

It was documented in the report that he has aortic dilatation of 4.4cm on ECHOCARDIOGRAPHY,

however CT aortography which is a more accurate imaging modality revealed a maximum value of 4.2cm max at the aortic root and 4.1cm max at the descending thoracic aorta.

From the Canadian guidelines these values appear low risk for a major adverse CV event. Some have used values of <4.5cm as partition value for low risk situations., link below refers.

<https://www.ucalgary.ca/FTWguidelines/content/aortic-aneurysm>

it is expected that every aneurysm must be subjected to 6months- 1year assessment to ascertain the rate of progression (>1cm is an indication for repair). I feel there should be a concrete plan by his home cardiologist for this

evaluation.

Below are my response to the questions put forward:

1. Complications associated with aneurysms include

- a. Rupture/dissection (sudden and catastrophic) and its attendant sequela
- b. Thromboembolic phenomenon
- c. Pressure symptoms on other vital organs
- d. Sudden death

2. In Escravos unfortunately we are only limited to initial stabilization and transfer of such high risk CV complications if any occurs. In the unlikely event of any of the aforementioned complications, we may not be able to support

such an individual due to our peculiarities.

3. Instructions for the patient

- avoid lifting heavy objects
- quit smoking (if he is a smoker)
- manage hypertension strictly, there is need to aim for lower targets <120mmhg systolic (DOC beta blockers)

-watch out for alarm symptoms like pain in the chest (throbbing, tearing, aching or sharp pain, often sudden), pain in the back, nausea, vomiting, fainting, and systemic shock

-avoid moderate to high intensity exercises as much as possible

I made effort to search the MEP if there are clear cut field guidelines for patient with aortic aneurysm, unfortunately I found none. What is established is that a patient with symptomatic aneurysm should not be allowed to work in an offshore location.

I am still open to further discussions on this sir.

Warm regards.

DR. AIWUYO, HENRY

OH Physician/Cardiologist

EGTL clinic

EXT-77943

B2B dr oyebowale olaniyi

"as to diseases, make a habit of two things- to help, or at least, to do no harm"

hippocrates

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>

Sent: Monday, August 5, 2019 11:43 AM

To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>

Cc: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Pitan, Olorunfemi (femi.pitan)

CUSA0001428

<femi.pitan@chevron.com>

Subject: FW: Snookal, Mark- Medical report

Good day,

Below mail trail refers. Kindly help evaluated medical documents and attached Cardiologist report for above named EE who is coming to Escravos from the USA. His job description is- Reliability Engineering Manager.

Kindly review around the following key points:

1. Potential complications and the likelihood of progression
2. Management of these complications even if only initial intervention vis-à-vis available care level in Escravos
3. Possible instructions to communicate to employee as per preventing complications.

Thanks for your usual help.

Warm regards,

Eshiofe Asekomeh

From: Asekomeh, Eshiofe [DELOG]
Sent: Tuesday, July 30, 2019 7:44 PM
To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Cc: NIGEC Staff Physicians (l9esc300) <L9ESC300@chevron.com>
Subject: Snookal, Mark- Medical report

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from El Segundo, USA to Escravos, Nigeria on international assignment.
He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds)
Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria

CUSA0001429

From: Asekomeh, Eshiofe [DELOG]/O=CHEVRON/OU=AG02/CN=RECIPIENTS/CN=EAEV]
Sent: Wed 8/7/2019 4:25:04 PM (UTC)
To: Pitan, Olorunfemi (femi.pitan@chevron.com]
Subject: FW: Snookal, Mark- Medical report

Ma,

Below is response from Dr. Akintunde. I have given her update on the Cardiologist report. I also engaged her on the pulse rate and we agreed on the fact that this could signify either the employee is already on a beta blocker and did not mention it on his form GO-146 or this is the reason why he is not on the beta blocker.

Warm regards,

Eshiofe Asekomeh

From: Akintunde, Ujomoti <UJOM@chevron.com>
Sent: Wednesday, August 07, 2019 5:08 PM
To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Dear Dr Asekomeh,

I concur with my colleagues. With an aortic root of 4.2cm, he is 'low risk' but not 'no risk'. I would however be more comfortable if he were on a beta-blocker as one of his meds or in addition to current meds. The fact that he does not smoke cigarettes is beneficial. There could be a reason his cardiologist did not put him on a beta-blocker. Could he have a contraindication such as asthma, COPD or allergy? Is there a medical report from his cardiologist? I only see imaging reports.

Kind regards,
Ujomoti Akintunde

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Tuesday, August 6, 2019 12:35 PM
To: Akintunde, Ujomoti <UJOM@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Good day,

Please see mail trail below.

Warm regards,

Eshiofe Asekomeh

From: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Sent: Monday, August 5, 2019 5:55 PM
To: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>

CUSA0001486

Cc: Piton, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Sir/Ma,

I agree with Dr Aiwuyo submissions on above employee, especially the precautionary measures highlighted which we need to further reiterate to our client.

I have a little concern about his choice of anti-hypertensives (Losartan and Amlodipine). Guideline-directed management recommends Beta-blockers like Carvedilol, Bisoprolol as part of his blood pressure control meds with a systolic BP target of less than 120mmHg (Thoracic aortic aneurysm and documented runs of premature ventricular complexes).

It will be nice if this is brought to the attention of his physician.

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Victor.

From: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>
Sent: Monday, August 5, 2019 2:26 PM
To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>; ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
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<https://www.ucalgary.ca/FTWguidelines/content/aortic-aneurysm>

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CUSA0001487

- c. Pressure symptoms on other vital organs
- d. Sudden death

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such an individual due to our peculiarities.

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I am still open to further discussions on this sir.

Warm regards.

DR. AIWUYO, HENRY

OH Physician/Cardiologist

EGTL clinic

EXT-77943

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hippocrates

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Sent: Monday, August 5, 2019 11:43 AM

To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>

Cc: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Pitan, Olorunfemi (femi.pitan)

<femi.pitan@chevron.com>

Subject: FW: Snookal, Mark- Medical report

Good day,

CUSA0001488

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Thanks for your usual help.

Warm regards,

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From: Asekomeh, Eshiofe [DELOG]
Sent: Tuesday, July 30, 2019 7:44 PM
To: Piton, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Cc: NIGEC Staff Physicians (I9esc300) <L9ESC300@chevron.com>
Subject: Snookal, Mark- Medical report

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He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds)
Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria

From: Asekomeh, Eshiofe [DELOG]/O=CHEVRON/OU=AG02/CN=RECIPIENTS/CN=EAEV]
Sent: Tue 8/6/2019 11:34:07 AM (UTC)
To: Akintunde, Ujomoti[UJOM@chevron.com]
Subject: FW: Snookal, Mark- Medical report
Attachment: Snookal Mark cardiologyl report.pdf
Attachment: Snookal Mark medical reports.pdf

Good day,

Please find attached as discussed. I will send a second mail showing Dr(s) Aiwuyo and Adeyeye's comments.

Warm regards,

Eshiofe Asekomeh

From: Asekomeh, Eshiofe [DELOG]
Sent: Monday, August 5, 2019 11:43 AM
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Cc: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
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Sent: Tuesday, July 30, 2019 7:44 PM
To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Cc: NIGEC Staff Physicians (I9esc300) <L9ESC300@chevron.com>
Subject: Snookal, Mark- Medical report

CUSA0001490

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from El Segundo, USA to Escravos, Nigeria on international assignment.
He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds)
Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

**Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria**

CUSA0001491

EX 39-010

**Trial Exhibit 39
p. 189**

CAI - MVZM

Name: Shookal, Mark Sex: M

GUID - [REDACTED]

ID #: 4504

DOB: [REDACTED] Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019

Continued...

Author: 0000

Location:

Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm

Type: Progress Note

Subject: Cardiology Report

KAISER PERMANENTE

RECEIVED

JUL 29 2019

LOS ANGELES MEDICAL
CNTR L
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
5969Shookal, Mark J
MRN: [REDACTED], DOB: [REDACTED], Sex: M
Visit date: 4/3/2019

Order Providers

Authorizing

Khan, Shahid Hameed (M.D.)

Encounter

Khan, Shahid Hameed (M.D.)

Billing

Khan, Shahid Hameed (M.D.)

Order Information

Date

4/3/2019

Department

CARDIOLOGY

Ordering/Authorizing

Khan, Shahid Hameed (M.D.), M.D.

Associated Diagnoses

AORTIC ANEURYSM

AORTIC VALVE REGURGITATION

Result Information

Status: Final result (Collected:
4/10/2019 08:57)

Provider Status: Reviewed

Result Notes for CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM

Notes recorded by Khan, Shahid Hameed (M.D.), M.D. on 4/11/2019 at 11:35 AM PDT

Call Center Nurses: Please let patient know that his Aorta looks stable on his recent CT scan. No change in aortic size.

CTA Aorta 4/10/2019:

Aortic root is stable at 4.2 cm. Maximal size of ascending thoracic aorta is 4.1 cm. Compared to 5/16/17 there has been no significant Change

Electronically signed by,

S. KHAN MD

Attending Cardiologist, Division of Cardiology, SCPMG

Clinical Associate Professor, UCLA School of Medicine

Ph: 323-783-4585

4/11/2019

11:35 AM

4/10/2019 10:28 AM - Interface, Scal_Radiology

Narrative

CT1/4 SEC* PREFER MON/WED PROTOCOL: GATED AORTA.

Lab and Collection

CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM - 4/3/2019

Result History

CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM on 4/10/2019

Transcription

Type	ID	Date and Time	Dictating Provider
Diagnostic imaging	86769685	4/10/2019 10:28 AM	Hsu, Joe Yo (M.D.), M.D.
Signed by Hsu, Joe Yo (M.D.), MEDICAL DOCTOR on 04/10/19 at 1028			

CARDIAC CTA: 4/10/19

Kaiser Permanente

Page 1

CUSA0001492

CAI - MVZM

GUID - [REDACTED]

Name: Shookal, Mark Sex: M

ID #4505

DOB: [REDACTED] Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019

...Continued...

Author: 0000

Location:

Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm

Type: Progress Note

Subject: Cardiology Report

KAISER PERMANENTE

LOS ANGELES MEDICAL
 CNTR L
 4867 W. SUNSET BLVD.
 LOS ANGELES CA 90027-
 5969

Shookal, Mark J
 MRN: [REDACTED] DOB: [REDACTED] Sex: M
 Visit date: 4/3/2019

HISTORY: 46-year-old male with aortic regurgitation and aortic root enlargement.

TECHNIQUE: Cardiac CTA is performed following administration of 130 ml of IV contrast material.

As required by California law, the CTDIVol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.

Type / CTDIVol / DLP / Phantom
 Chest / 5.55 / 136.04 / B
 Chest / 16.46 / 8.23 / B
 Chest / 17.39 / 365.11 / B
 Total Exam DLP: 509.38
 CTDIVol = mGy DLP = mGy-cm
 Phantom: B=Body32, H=Head16

QUALITY: Fair, arrhythmia with PVCs

COMPARISONS: CTA 5/126/17, 5/26/16, 4/21/15

FINDINGS:

AORTA: Left arch with normal branching of great vessels. Normal ductus bump.

AORTIC VALVE: 3 cusps without calcification.

Aortic measurements are as follows:

AORTIC ANNULUS: 2.1 x 3.5 cm
 AORTIC ROOT: 4.2 cm (average of 3 measurements from convexity to commissure)
 SINO-TUBULAR JUNCTION: 3.7 x 3.8 cm
 ASCENDING AORTA AT LEVEL OF RIGHT PULMONARY ARTERY: 3.9 x 4.1 cm
 AORTIC ARCH: 2.7 x 3.0 cm (proximal to origin of left subclavian artery)
 DESCENDING AORTA AT LEVEL OF RIGHT PULMONARY ARTERY: 2.7 x 2.9 cm
 ABDOMINAL AORTA AT HIATUS: 2.5 x 2.6 cm

OTHER FINDINGS: Lungs are clear. No acute airspace disease. No

CAI - MVZM

Name: Snookal, Mark Sex: M

07-30-2019 07:31pm

GUID - [REDACTED]

ID #: 4506

DOB: [REDACTED] Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019

...Continued...

Author: 0000

Location:

Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm

Type: Progress Note

Subject: Cardiology Report

KAISER PERMANENTE

LOS ANGELES MEDICAL
CNTR L
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
5969

Snookal, Mark J
MRN: [REDACTED] DOB: [REDACTED], Sex: M
Visit date: 4/3/2019

effusion or consolidation seen. No mediastinal or hilar lymphadenopathy. Visualized upper abdomen show cholecystectomy.

IMPRESSION:

Aortic root is stable at 4.2 cm. Maximal size of ascending thoracic aorta is 4.1 cm.

Compared to 5/16/17 there has been no significant change.

This report electronically signed by Joe Hsu, MD on 4/10/2019 10:23 A

Display only: Transcription (86769685) on 4/10/2019 10:28 AM by Hsu, Joe Yo (M.D.), M.D.

Order Providers

Authorizing	Encounter	Billing
Khan, Shahid Hameed (M.D.)	Lockerbie, Colin S	SCAL PROVIDER

Order Information

Date	Department	Released By	Authorizing
4/9/2019	CARDIOLOGY	Lockerbie, Colin S	Khan, Shahid Hameed (M.D.), M.D.

Original Order

Ordered On	Ordered By
4/9/2019 3:25 PM	Lockerbie, Colin S

Associated Diagnoses

AORTIC VALVE REGURGITATION

Result Information

Status: Final result (Collected: 4/9/2019 15:32)	Provider Status: Reviewed
--	---------------------------

4/16/2019 2:02 PM - Interface, Scal_Results_A

Component
REPORT

CAI - MVZM

GUID - [REDACTED]

Name: Shookal, Mark Sex: M

ID #4507

DOB: [REDACTED] Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019

...Continued...

Author: 0000

Location:

Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm

Type: Progress Note

Subject: Cardiology Report

KAISER PERMANENTE

LOS ANGELES MEDICAL
 CNTR L
 4867 W. SUNSET BLVD.
 LOS ANGELES CA 90027-
 5969

Shookal, Mark J
 MRN: [REDACTED] DOB: [REDACTED], Sex: M
 Visit date: 4/9/2019

4/18/2019 2:02 PM - Interface, Scal Results A (continued)

Conclusions

Summary

Technically very difficult study.
 NSR with frequent PVCs.

Normal left ventricular wall thickness. Mildly increased left ventricular size and normal systolic function with an estimated ejection fraction of 55-60%. Indeterminate diastolic function.

Upper normal left atrial size. Mild right atrial enlargement.
 Upper normal right ventricular size and systolic function.

Structurally normal mitral valve without stenosis. Trace mitral regurgitation.

Structurally normal trileaflet aortic valve. Mild to moderate eccentric aortic regurgitation. No aortic stenosis. Aortic regurgitant pressure half-time is 524 ms.

Aortic root measures 4.4 cm. Normal aortic arch size.

Findings

Mitral Valve

Structurally normal mitral valve without stenosis. Trace mitral regurgitation.

Aortic Valve

Structurally normal trileaflet aortic valve. Mild to moderate eccentric aortic regurgitation. No aortic stenosis. Aortic regurgitant pressure half-time is 524 ms.

Tricuspid Valve

Cannot reliably estimate right ventricular systolic pressure (RVSP).

Pulmonic Valve

The pulmonic valve leaflets are thin and pliable; valve motion is normal.
 Mild pulmonic regurgitation is present.

Left Atrium

Upper normal left atrial size.

Left Ventricle

Normal left ventricular wall thickness. Mildly increased left ventricular size and normal systolic function with an estimated ejection fraction of 55-60%. Indeterminate diastolic function.

Right Atrium

Mild right atrial enlargement.

Right Ventricle

Upper normal right ventricular size and systolic function.

Pericardial Effusion

No pericardial effusion.

Aorta

Aortic root measures 4.4 cm. Normal aortic arch size.

Miscellaneous

IVC diameter is = 2.1 cm with a > 50% inspiratory collapse, suggestive of a right atrial pressure of 0-5 mmHg.

Signature

 Electronically signed by LEBOWITZ, STEPHEN HOWARD MD (Interpreting physician) on 04/18/2019 03:01 PM

** Note: For images and the full report use the "PACS Images" link below **

CAI - MVZM

GUID - [REDACTED]

US - MVZM

MANUFACTURING - MVZM

Name: Shnockal, Mark Sex: M

ID # 4508

DOB: [REDACTED] Age: 47

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019

...Continued

Author: 0000

Location:

Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm

Type: Progress Note

Subject: Cardiology Report

KAISER PERMANENTELOS ANGELES MEDICAL
CNTR L
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
6969Shnockal, Mark J
MRN: [REDACTED] DOB: [REDACTED], Sex: M
Visit date: 4/9/2019

4/16/2019 2:02 PM - Interface, Scal_Results_A (continued)

[Linked Documents](#)[View Image](#)[Lab and Collection](#)TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER COMPLETE -
4/9/2019

Result History

TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER
COMPLETE on 4/16/2019**END OF REPORT**

CAI - MVZM

GUID - [REDACTED]

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903073 Revision # 0

Author: Access Medical Group

Revised by: White, Ghada S

Type: GO146MSEA - MSEA History and Physical Exam

D.O.S: 07-19-2019

Continued...

Location:

Create Date: 07-24-2019 07:58pm

07/24/2019 7:35AM FAX

0008/0024

Medical Suitability for Expatriate Assignment History & Physical Examination
GO-146-MSEAMark Snookal
CAI - MVZM

07/24/15

REF ID: E0008/0024

JUL 24 2019

Initial
Nigeria

Note to Examinee and Examiner: In the US, the Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information for any U.S.-based employees (whether within the U.S. or outside the U.S. on assignment) when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Local or Host Country legal requirements may also apply.

Part A: Examinee: Please complete Parts A through F prior to exam.

F.I.	M.I.	Last Name	First Name	CAI	Gender
		Mark	Snookal	MVZM	M

Current Job Title IEA Reliability Team Lead	New Job Title* Reliability Engineering Manager	Current Company/BU/OpCo ESE	Next * Company/BU/OpCo NMASBU	Current Location El Segundo CA USA	Next * Location Escravos, Nigeria
--	---	--------------------------------	----------------------------------	---------------------------------------	--------------------------------------

(If applicable)

Part B: Your country of assignment may or may not have full medical resources to support your health needs. Please answer the following questions as accurately as possible and check 'N' (no) or 'Y' (yes) in the column. Answers with Yes, please provide more information in the description boxes. This information is used to promote your safety and ensure your health needs can be met.

(If need, please use back page)

		N	Y	Description
1.	Do you have any medical, physical or psychological conditions under the care of a health professional? If yes, please describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a doctor's office visit. I am under the care of a cardiologist, and see him once per year for a checkup. I have consulted with him on this assignment and he sees no issues with it.
2.	(a) Are you taking any medicines that require a prescription? If yes, please list. (b) Are you taking any non-prescription medicines on a frequent basis? If yes, please list.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Losartan and Amlodipine
3.	(a) Do you have any allergies? (b) Have you ever had severe allergic reactions? If yes, do you know what caused it?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.	Do you exercise for at least 30 minutes 3 times a week, on average?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.	(a) Do you feel unusual fatigue or sleepiness? (b) Do you have any problems sleeping? (c) Do you use sleeping aids, including medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.	Have you ever experienced health problems working in extreme weather conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.	Have you experienced unexplained weight loss or gain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8.	(a) Do you smoke? If yes, what and how much each day? (b) Did you smoke regularly for more than 1 year ever in your past?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.	Do you drink alcoholic beverages? If yes, what is your average weekly intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10.	Have you ever required a medical evacuation from a work location? If yes, what was the reason?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

CAI - MVZM

GUID - [REDACTED]

Name: Shookal, Mark Sex: M

ID #:4510

DOB: [REDACTED]

Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903073 Revision # 0

D.O.S: 07-19-2019

...Continued...

Author: Access Medical Group

Location:

Revised by: White, Ghada S

Create Date: 07-24-2019 07:58pm

Type: GO146MSEA - MSEA History and Physical Exam

07/24/2019 7:38AM FAX

0010/0024

		Examinee Last and First Name Mark Shookal	Examinee CAI MVZM
11.	Have you ever had any mental health or psychological issues requiring at least a medical prescription? If yes, please describe	<input type="checkbox"/> <input checked="" type="checkbox"/>	I was treated for depression with Eltrazor for a few years from approximately 1994-1998
12.	Have you been in the emergency room and or hospitalized within the last six months?	<input checked="" type="checkbox"/> <input type="checkbox"/>	
13.	Have you undergone any surgical procedure or operations within the last six months?	<input checked="" type="checkbox"/> <input type="checkbox"/>	
14.	Did you have a physical (periodic, preventive) exam within the past two years?	<input type="checkbox"/> <input checked="" type="checkbox"/>	
15.	Would you need health/medical resources for any disabling or special condition in the country of assignment?	<input checked="" type="checkbox"/> <input type="checkbox"/>	
16.	Would you like to schedule a discussion with a Chevron Physician or Regional Medical Manager to discuss further a health condition or learn more about the host country medical resources?	<input checked="" type="checkbox"/> <input type="checkbox"/>	
17.	Does your new position require you to work or travel Offshore, In Field/Plant or Strictly Office? Please advise if you need additional certifications for your new position (e.g. HUET/BOSIET, Oil and Gas U.K.)	<input type="checkbox"/> <input type="checkbox"/>	My position is strictly office

Part C - Please answer the following questions and check 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe.

Have you had any illness or condition related to the following body parts or systems? (minor conditions do not need to be mentioned)

N Y Description:

18.	Head and Neck	<input checked="" type="checkbox"/> <input type="checkbox"/>	
19.	Eyes or Visual	<input checked="" type="checkbox"/> <input type="checkbox"/>	
20.	Ear, Nose and Throat	<input checked="" type="checkbox"/> <input type="checkbox"/>	
21.	Teeth	<input type="checkbox"/> <input type="checkbox"/>	
	(a) When was your last exam? (b) Is there any dental work pending? Please describe	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	11/2017
22.	(a) Chest such as shortness of breath, chronic cough. (b) Breasts	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
23.	Heart such as chest pain, palpitations or irregular beating	<input type="checkbox"/> <input checked="" type="checkbox"/>	I have PVC's which have been evaluated by a cardiologist and do not require any treatment
24.	Abdomen such as pain, hernias, abnormal bowel movement	<input type="checkbox"/> <input checked="" type="checkbox"/>	I had my gallbladder removed in 2014
25.	Kidney, bladder or genital area	<input checked="" type="checkbox"/> <input type="checkbox"/>	
26.	Spine and Musculo-skeletal, movement limitations or pain	<input checked="" type="checkbox"/> <input type="checkbox"/>	
27.	Skin changes such as rash, spots, moles or itching	<input checked="" type="checkbox"/> <input type="checkbox"/>	
28.	Epileptic seizures, dizzy spells or migraine	<input checked="" type="checkbox"/> <input type="checkbox"/>	
29.	Diabetes or increase in blood sugar	<input checked="" type="checkbox"/> <input type="checkbox"/>	
30.	Anemia or other blood conditions	<input checked="" type="checkbox"/> <input type="checkbox"/>	
31.	Tuberculosis (TB) or positive TB test, skin or blood (e.g. TB spot, IGRA/Quantiferon®)	<input checked="" type="checkbox"/> <input type="checkbox"/>	
32.	Any other health problems (Please use space below. If need, use back page)	<input checked="" type="checkbox"/> <input type="checkbox"/>	

CAI - MVZM

GUID - [REDACTED]

Name: Snookal, Mark Sex: M

ID #: 4511

DOB: [REDACTED] Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903073 Revision # 0

D.O.S: 07-19-2019

...Continued...

Author: Access Medical Group

Location:

Revised by: White, Ghada S

Create Date: 07-24-2019 07:58pm

Type: GO146MSEA - MSEA History and Physical Exam

07/24/2019 7:38AM FAX

#0011/0024

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

Part D: Exposure History (Employee Only)

Have you ever been exposed at work to dusts, solvents, other chemicals or any other known workplace hazards, e.g. biological agents?

 Yes No

If YES, please list agents with dates and for how long:

I have worked in industrial and petrochemical locations from 1980 - present

Have you ever been exposed in the workplace to:

 Noise Radiation/X-ray Equipment Vibrating Hand Tools Repetitive Movement Weight Lifting Other

If you checked one of the boxes above, please specify for how long, and whether Personal Protective Equipment (PPE) was used:

In my work in industrial and petrochemical locations from 1980 - present I have been exposed to noise but have always used PPE

Part E: Occupational History (Employee Only)

Have you ever been part of a medical (health) surveillance program through your work due to exposure to workplace hazards? e.g. Part of a hearing conservation program due to exposure to workplace noise.

 Yes No

If YES, please list with dates:

I am currently in a hearing conservation program in my employment with Common Bond Segundo

Part F: Family History

To comply with the US Genetic Information Nondiscrimination Act of 2008, this part SHOULD NOT be completed for any US-based employees (whether in the U.S. or outside the U.S. on assignment). Any information inadvertently provided for a US employee in this section should be redacted if the form is to be sent to the US for filing in the employer's medical record. Local related legislation may be also applicable.

Are there any medical conditions within your family relevant to be mentioned?

Physician Comments:

Have you ever been employed with Chevron or examined for employment by Chevron?

 No Yes If yes, when Attending at Chevron CI Segundo in 2009

EXAMINEE:

I certify that the information given by me is true and I authorize the examiner to furnish the results of this examination and other related medical investigation results to either the Chevron Regional Medical Managers or the Chevron Global Health and Medical facility. I acknowledge and agree that the results of this medical evaluation are managed by Chevron in a secure and confidential data system that will store and may transmit information to countries other than where the medical examination takes place, including but not limited to the U.S.

FOR APPLICANT ONLY: I understand that any misrepresentation, false statement or omission herein may result in the company rejecting my application, withdrawing any offer of employment, or terminating my employment at any time.

Examinee Signature 

Date (mm/dd/yyyy) 7/18/2019

CAI - MVZM

Name: Snokal, Mark Sex: M

07-29-2019 9:17pm

GUID - [REDACTED]

ID # 4512

DOB: [REDACTED] Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903073 Revision # 0

D.O.S: 07-19-2019

...Continued...

Author: Access Medical Group

Location:

Revised by: White, Ghada S

Create Date: 07-24-2019 07:58pm

Type: GO146MSEA - MSEA History and Physical Exam

07/24/2019 7:37AM FAX

#0012/0024

Examinee Last and First Name
Mark SnokalExaminee CAI
MVZM

PHYSICAL EXAMINATION: To be completed by Health Care Provider

Vital Signs

HEIGHT ft/in	WEIGHT lb/kg	BMI	Abdominal Circum- ference 30cm	B.P. (mmHg)	PULSE	Temperature (°C/F)
72"	256 lbs	34.7		135/78	53	97.5

VISION

	Uncorrected			Corrected		Depth	Tonometry	Color Vision	Visual Fields
	Both	Right	Left	Both	Right	Left			
Far	20/ 6'	20/ 6'	20/ 6'	20/ 6'	20/ 6'	20/ 6'			
Near	J#	J#	J#	J#	J#	J#			Normal

N	A	N = Normal. A = Abnormal, please describe	DESCRIPTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. General Appearance	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Head	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Ear, Nose Mouth and Throat	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Neck	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Eyes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Chest	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Breasts	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Respiratory System	occas ectopics (PVC's)
<input type="checkbox"/>	<input type="checkbox"/>	9. Cardiovascular System	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Abdomen, Viscera/Hernias	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Genito-urinary	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Lower GI Tract	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Extremities	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Spine and Musculo-skeletal. Range of Motion.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Skin and Lymphatic System	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Central Nervous System	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Peripheral Nervous System Reflexes	
<input type="checkbox"/>	<input type="checkbox"/>	18. Others, please specify	

CAI - MVZM

GUID - [REDACTED]

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903073 Revision # 0

Author: Access Medical Group

Revised by: White, Ghada S

Type: GO146MSEA - MSEA History and Physical Exam

Name: Snookal, Mark Sex: M

ID #: 4513

DOB: [REDACTED] Age: 47

D.O.S: 07-19-2019

Location:

Create Date: 07-24-2019 07:58pm

...Continued...

07/24/2019 7:37AM FAX

#0013/0024

Examinee Last and First Name	Examinee CAI MVZM
Mark Snookal	

LABORATORY AND SPECIAL TESTS

N	A	Not Done	AS INDICATED	RESULTS. N = Normal. A = Abnormal, please describe
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Audiogram	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chest X Ray	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Blood Count	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drug Screening	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ECG	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pulmonary Function	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serum Profile/Chemistries	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stress Test	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others, please specify	

REMARKS: Describe significant / abnormal findings/limitations noted above (if need, please use back page)

① PVCs - frequent asymptomatic followed by cardiology
 ② Dilated aortic root followed by cardiology
 ongoing studies yearly Schw vs CT chest
 Stable on med's

If any abnormalities were found during the examination, was examinee informed? Yes No

Part H: MEDICAL RECOMMENDATION

H.1. Fitness for Duty Classification, ONLY FOR INTERNAL CHEVRON USE

- A. Fit for Duty
- B. Fit for Duty with Restrictions
- C. Not Fit for Duty
- D. Failed to comply with requested evaluations, due to:

H.2. Restrictions pertinent to Job Requirements (refer to GO-308)

no heavy lifting > 50 lbs
 needs review of
 recommended letter from
 cardiologist to clear him

Examiner's Name (please print)
IRVING SOBEL MD

Signature

Date (mm/dd/yyyy) 07/24/2019
Chevron Provider Number

Address 4407 1/2 ADAPTABILITY WAY 4TH FLOOR MDR 09 Street City State / Province Postal / Zip Code County 90293

USA

Chevron Global Health & Medical Approval
(please print name)

Signature

Date (mm/dd/yyyy)

CAI - MVZM

GUID - [REDACTED]

Name: Snookal, Mark Sex: M

ID # 4514

DOB: [REDACTED] Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903073 Revision # 0

D.O.S: 07-19-2019

...Continued

Author: Access Medical Group

Location:

Revised by: White, Ghada S

Create Date: 07-24-2019 07:58pm

Type: GO146MSEA - MSEA History and Physical Exam

07/24/2019 7:37AM FAX

0014/0024

Examinee Last and First Name

Examiner CAI

Mark Snookal

MVZM

PLEASE ATTACH COPIES OF IMPORTANT REPORTS OF CURRENT INTEREST.
If available, Form GO-308 (Physical Requirements and Working Conditions) must be included.

CAI - MVZM

GUID - [REDACTED]

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903074 Revision # 0

Author: Access Medical Group

Revised by: White, Ghada S

Type: ECG Resting

Name: Shookal, Mark Sex: M

ID #4515

DOB: [REDACTED] Age: 47

D.O.S: 07-19-2019

Location:

Create Date: 07-24-2019 07:58pm

07/24/2019 7:39AM FAX

00020/0024

2018

by Soler

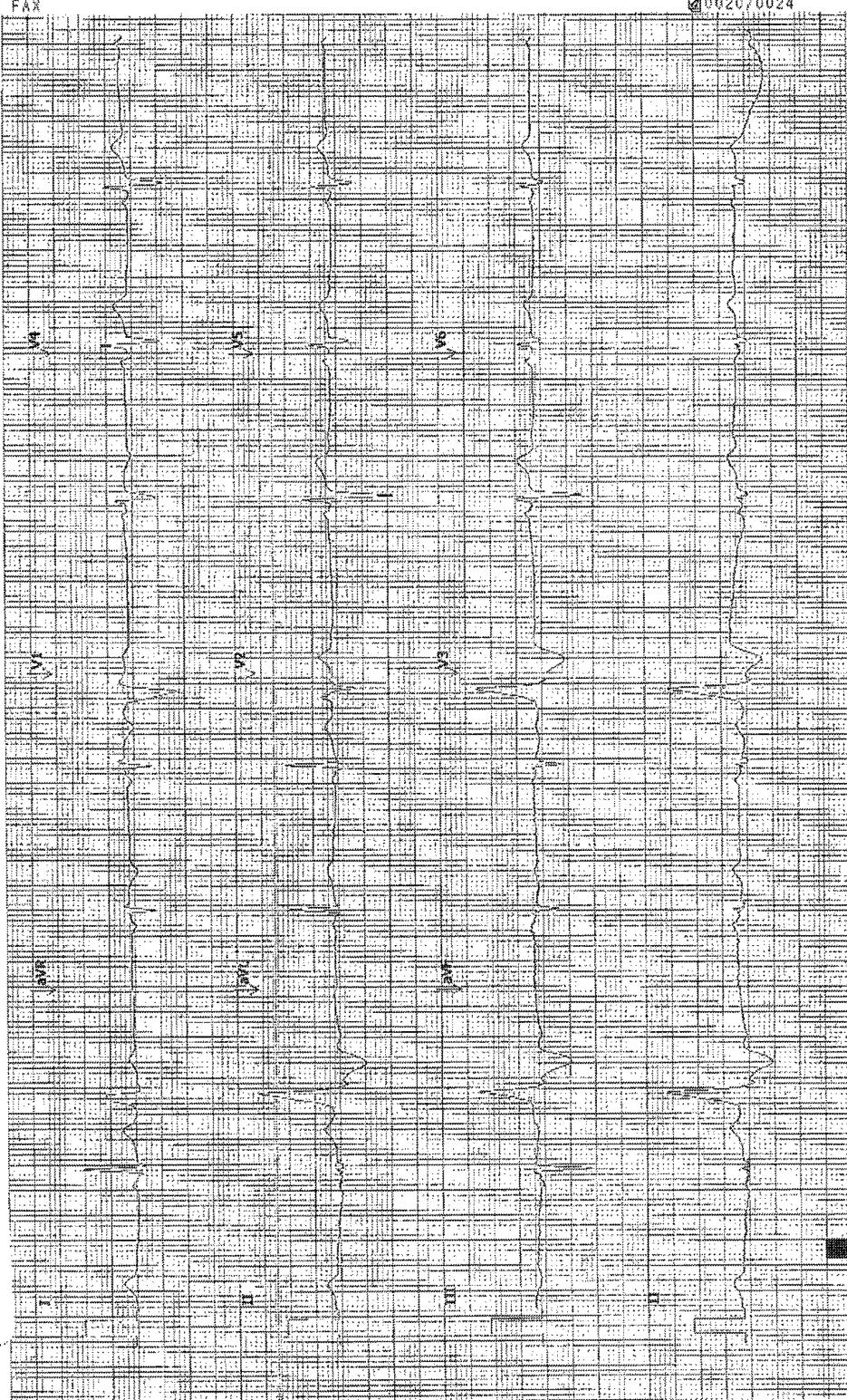
ID: [REDACTED]
 Name: SHOOKAL, MARK
 Age: (47 yr)
 DOB: 2/14/1958 - 1341
 MAN: 7/14/2019 9:20 AM
 CSA: [REDACTED]
 Snoc: [REDACTED]
 W: [REDACTED] M: [REDACTED] Y: 4615 CSNG
 Gsel: [REDACTED], MD

Gender: Male
 Caucasian
 IRVING SOREL, MD
 Physician:
 Race:
 Physician:

PYR: 07/19/2019 09:30:1144
 PRR: 1.12/1.36 ms
 QRS: 1.16 ms
 QTQTC: 460/415 ms
 PR/RS/T axis: 14/-36/7 deg
 Heart rate: 49 bpm

sinus rhythm (slow)
 premature ventricular complexes
 left axis deviation
 slight intraventricular conduction delay

Borderline ECG
 Unconfirmed Report



CAI - MVZM

GUID - [REDACTED]

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903075 Revision # 0

Author: Access Medical Group

Revised by: White, Ghada S

Type: Lab Results

Name: Snookal, Mark Sex: M

ID # 4516

DOB: [REDACTED] Age: 47

Continued...

07/24/2019 7:40AM FAX

0021/0024



Report Status: Partial - Courtesy Copy

SNOOKAL, MARK

Patient Information	Specimen Information	Client Information
SNOOKAL, MARK DOB: [REDACTED] AGE: 47 Gender: M Phone: 213.458.1341 Patient ID: [REDACTED]	Specimen: EN632678W Requisition: 8101141 Lab Ref #: 337306788 Collected: 07/19/2019 / 10:39 PDT Received: 07/20/2019 / 00:52 PDT Faxed: 07/23/2019 / 09:39 PDT (* A Copy From)	Client #: 97510739 MAIL992 CHEVRON-ACCESS MEDICAL Attn: SYLVIA 4644 LINCOLN BLVD STE 114 MARINA DEL REY, CA 90292-6374

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD	161		<200 mg/dL	EN
CHOLESTEROL, TOTAL		32 L	>40 mg/dL	EN
HDL CHOLESTEROL		152 H	<150 mg/dL	EN
TRIGLYCERIDES		122 H	mg/dL (calc)	EN
LDL-CHOLESTEROL				
Reference range: <100				

Desirable range <100 mg/dL for primary prevention;
 <70 mg/dL for patients with CHD or diabetic patients
 with ≥ or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins
 calculation, which is a validated novel method providing
 better accuracy than the Friedewald equation in the
 estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068
<http://education.QuestDiagnostics.com/faq/FAQ164>

CHOL/HDL RATIO	5.7 H	<5.0 (calc)	EN
NON HDL CHOLESTEROL	149 H	<130 mg/dL (calc)	EN

For patients with diabetes plus 1 major risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.

COMPREHENSIVE METABOLIC PANEL			EN
GLUCOSE	91	65-99 mg/dL	

Fasting reference interval

UREA NITROGEN (BUN)	17	7-25 mg/dL	
CREATININE	1.20	0.60-1.35 mg/dL	
eGFR NON-APR. AMERICAN	72	> OR = 60 mL/min/1.73m ²	
eGFR AFRICAN AMERICAN	83	> OR = 60 mL/min/1.73m ²	
BUN/CREATININE RATIO	NOT APPLICABLE	6-22 (calc)	
SODIUM	141	135-146 mmol/L	
POTASSIUM	5.1	3.5-5.3 mmol/L	
CHLORIDE	108	98-110 mmol/L	
CARBON DIOXIDE	22	20-32 mmol/L	
CALCIUM	10.1	8.6-10.3 mg/dL	
PROTEIN, TOTAL	6.8	6.1-8.1 g/dL	
ALBUMIN	4.4	3.6-5.1 g/dL	
GLOBULIN	2.4	1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.8	1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.7	0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE		40-115 U/L	
AST	23	10-40 U/L	
ALT	33	9-46 U/L	
HEMOGLOBIN A1c	5.2	<5.7 % of total Hgb	EN

For the purpose of screening for the presence of diabetes:

<5.7% Consistent with the absence of diabetes
 5.7-6.4% Consistent with increased risk for diabetes

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN632678W

PAGE 1 OF 2

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CUSA0001504

EX 39-023

Trial Exhibit 39

p. 202

CAI - MVZM

Name: Snookal, Mark Sex: M

07-29-2019 9:17pm

GUID - [REDACTED]

ID #: 4517
DOB: [REDACTED] Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903075 Revision # 0

D.O.S: 07-19-2019

...Continued...

Author: Access Medical Group

Location:

Revised by: White, Ghada S

Create Date: 07-24-2019 07:58pm

Type: Lab Results

07/24/2019 7:40AM FAX

0022/0024



Report Status: Partial - Courtesy Copy

SNOOKAL, MARK

Patient Information	Specimen Information	Client Information
SNOOKAL, MARK DOB: [REDACTED] AGE: 47 Gender: M Patient ID: [REDACTED]	Specimen: EN632678W Collected: 07/19/2019 / 10:39 PDT Received: 07/20/2019 / 00:52 PDT Faxed: 07/23/2019 / 09:39 PDT (* A Copy From)	Client #: 97510739

Test Name	In Range	Out Of Range	Reference Range	Lab
(prediabetes) > or = 6.5% Consistent with diabetes				
This assay result is consistent with a decreased risk of diabetes.				
Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.				
According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes (ADA).				
URIC ACID	7.7		4.0-8.0 mg/dL	EN
Therapeutic target for gout patients: <6.0 mg/dL				
LD	168		100-220 U/L	EN
GGT	29		3-95 U/L	EN
TSI	1.36		0.40-4.50 mIU/L	EN
CBC (INCLUDES DIFF/PLT)				
WHITE BLOOD CELL COUNT	6.1		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.77		4.20-5.80 Million/uL	
HEMOGLOBIN	14.7		13.2-17.1 g/dL	
HEMATOCRIT	43.2		38.5-50.0 %	
MCV	90.6		80.0-100.0 fL	
MCH	30.8		27.0-33.0 pg	
MCHC	34.0		32.0-36.0 g/dL	
RDW	12.8		11.0-15.0 %	
PLATELET COUNT	362		140-400 Thousand/uL	
MPV	9.6		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	3166		1500-7900 cells/uL	
ABSOLUTE LYMPHOCYTES	2105		850-3900 cells/uL	
ABSOLUTE MONOCYTES	531		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	220		15-500 cells/uL	
ABSOLUTE BASOPHILS	79		0-200 cells/uL	
ABSOLUTE NUCLEATED RBC	0		0 cells/uL	
NEUTROPHILS	51.9		%	
LYMPHOCYTES	34.5		%	
MONOCYTES	8.7		%	
EOSINOPHILS	3.6		%	
BASOPHILS	1.3		%	
RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING	NON-REACTIVE		NON-REACTIVE	EN

PENDING TESTS:

VDRL, SERUM

PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91344-3226 Laboratory Director: TAN YUOONINDA MD, CLIA: 02D0942627

* ACCESS MEDICAL GROUP has requested a copy of this report be sent to you. Ordering Physician: SOBEL, IRVING

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN632678W

PAGE 2 OF 2

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CAI - MVZM

GUID - [REDACTED]

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903075 Revision # 0

D.O.S: 07-19-2019

...Continued

Author: Access Medical Group

Location:

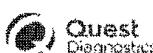
Revised by: White, Ghada S

Create Date: 07-24-2019 07:58pm

Type: Lab Results

07/24/2019 7:40AM FAX

0023/0024



Report Status: Final - Courtesy Copy

SNOOKAL, MARK

Patient Information		Specimen Information	Client Information
SNOOKAL, MARK DOB: [REDACTED] AGE: 47 Gender: M Phone: 213.458.1341 Patient ID: [REDACTED]		Specimen: EN632679W Requisition: 8101274 Lab Ref #: 337306796 Collected: 07/19/2019 / 10:39 PDT Received: 07/20/2019 / 00:54 PDT Faxed: 07/23/2019 / 09:39 PDT (* A Copy From)	Client #: 97510739 MAIL992 CIEVRON-ACCESS MEDICAL Alt: SYLVIA 4644 LINCOLN BLVD STE 114 MARINA DEL REY, CA 90292-6374

Test Name	In Range	Out Of Range	Reference Range	Lab
URINALYSIS, COMPLETE				EN
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.010		1.001-1.035	
pH	5.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	NONE SEEN		< OR = 5 /HPF	
RBC	NONE SEEN		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	

PERFORMING SITE:

EN QUANT DIAGNOSTICS-WEST HILLS, 8001 FALLBROOK AVENUE, WEST HILLS, CA 91304 Laboratory Director: TAB DOCHINPA, MD, USA, 650006952

* ACCESS MEDICAL GROUP has requested a copy of this report be sent to you. Ordering Physician: SOBEL, IRVING

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN632679W

PAGE 1 OF 1

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CUSA0001506

CAI - MVZM

GUID - [REDACTED]

Name: Snookal, Mark Sex: M

ID # 4519

DOB: [REDACTED] Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903076 Revision # 0

D.O.S: 07-19-2019

Author: Access Medical Group

Location:

Revised by: White, Ghada S

Create Date: 07-24-2019 07:58pm

Type: Quantiferon - TB

07/24/2018 7:41AM FAK

0024/0024



Report Status: Final - Courtesy Copy

SNOOKAL, MARK

Patient Information	Specimen Information	Client Information
SNOOKAL, MARK DOB: [REDACTED] AGE: 47 Gender: M Phone: 213.458.1341 Patient ID: [REDACTED]	Specimen: EN635672W Requisition: 8104560 Lab Ref #: 337306849 Collected: 07/19/2019 / 10:39 PDT Received: 07/20/2019 / 01:49 PDT Faxed: 07/23/2019 / 09:39 PDT (* A Copy From)	Client #: 97510739 MAIL992 CITEROON-ACCESS MEDICAL Attn: SYLVIA 4644 LINCOLN BLVD STE 114 MARINA DEL REY, CA 90292-6374

Test Name	In Range	Out Of Range	Reference Range	Lab
QUANTIFERON(R) -TB GOLD PLUS, 1 TUBE	NEGATIVE	NEGATIVE	NEGATIVE	EN
	Negative test result. M. tuberculosis complex infection unlikely.			
NIL	0.01		IU/mL	
MITOGEN-NIL	0.66		IU/mL	
TB1-NIL	0.00		IU/mL	
TB2-NIL	0.00		IU/mL	

The Nil tube value reflects the background interferon gamma immune response of the patient's blood sample. This value has been subtracted from the patient's displayed TB and Mitogen results.

Lower than expected results with the Mitogen tube prevent false-negative Quantiferon readings by detecting a patient with a potential immune suppressive condition and/or suboptimal pre-analytical specimen handling.

The TB1 Antigen tube is coated with the M. tuberculosis-specific antigens designed to elicit responses from TB antigen primed CD4+ helper T-lymphocytes.

The TB2 Antigen tube is coated with the M. tuberculosis-specific antigens designed to elicit responses from TB antigen primed CD4+ helper and CD8+ cytotoxic T-lymphocytes.

For additional information, please refer to <https://education.questdiagnostics.com/faq/FAQ0204> (This link is being provided for informational/educational purposes only.)

PERFORMING SITE:

IN QUEST DIAGNOSTICS-WEST HILLS, 6601 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: TAB TOORHENDA, MD, CLIA: 0590642827

* UNASSIGNED ACCOUNTS has requested a copy of this report be sent to you. Ordering Physician: SOBEL, IRVING

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN635672W

PAGE 1 OF 1

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CUSA0001507

From: Pitan, Olorunfemi (femi.pitan)[femi.pitan@chevron.com]
Sent: Thur 8/15/2019 8:15:07 AM (UTC)
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES][DNOY@chevron.com]; Aiwuyo, Henry [SERVITICO][henryaiwuyo@chevron.com]; Asekomeh, Eshiofe [DELOG][EAEV@chevron.com]
Cc: NIGEC Staff Physicians (l9esc300)[L9ESC300@chevron.com]
Subject: RE: Snookal, Mark- Medical report

Good day sirs,

Thanks for your very valuable and comprehensive input into this case. Your opinions were communicated to the Physicians in the U.S.

It has been decided that Mark Snookal is not a suitable candidate to work in Escravos. He will be considered for an assignment in Lagos.

Kind regards,
Femi Pitan

Dr O.C. Pitan
OH Physician/ Head, Occupational Health
Nigeria Mid Africa Strategic Business Unit
✉ femi.pitan@Chevron.com
☎ CTN 2772222 ext 61807
📠 International [REDACTED]

NMA HR: Focus, Process Excellence, Expertise

This message may contain confidential information and is intended only for the use of the parties to whom it is addressed. If you are not an intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any information in this message is strictly prohibited. If you have received this message in error, please notify me immediately at the telephone number indicated above

From: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Sent: Monday, August 5, 2019 5:55 PM
To: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Sir/Ma,

I agree with Dr Aiwuyo submissions on above employee, especially the precautionary measures highlighted which we need to further reiterate to our client.

I have a little concern about his choice of anti-hypertensives (Losartan and Amlodipine). Guideline-directed management recommends Beta-blockers like Carvedilol, Bisoprolol as part of his blood pressure control meds with a systolic BP target of less than 120mmHg (Thoracic aortic aneurysm and documented runs of premature ventricular complexes).

It will be nice if this is brought to the attention of his physician.

Kind regards,

Victor.

CUSA0001522

From: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>

Sent: Monday, August 5, 2019 2:26 PM

To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>; ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>

Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Subject: RE: Snookal, Mark- Medical report

Good day,

With regards to this expert, 47years old employee with CT and ultrasound evidence of Thoracic aortic aneurysm,

It was documented in the report that he has aortic dilatation of 4.4cm on ECHOCARDIOGRAPHY,

however CT aortography which is a more accurate imaging modality revealed a maximum value of 4.2cm max at the aortic root and 4.1cm max at the descending thoracic aorta.

From the Canadian guidelines these values appear low risk for a major adverse CV event. Some have used values of <4.5cm as partition value for low risk situations., link below refers.

<https://www.ucalgary.ca/FTWguidelines/content/aortic-aneurysm>

it is expected that every aneurysm must be subjected to 6months- 1year assessment to ascertain the rate of progression (>1cm is an indication for repair). I feel there should be a concrete plan by his home cardiologist for this

evaluation.

Below are my response to the questions put forward:

1. Complications associated with aneurysms include

- a. Rupture/dissection (sudden and catastrophic) and its attendant sequela
- b. Thromboembolic phenomenon
- c. Pressure symptoms on other vital organs
- d. Sudden death

2. In Escravos unfortunately we are only limited to initial stabilization and transfer of such high risk CV complications if any occurs. In the unlikely event of any of the aforementioned complications, we may not be able to support

such an individual due to our peculiarities.

3. Instructions for the patient

- avoid lifting heavy objects
- quit smoking (if he is a smoker)
- manage hypertension strictly, there is need to aim for lower targets <120mmhg systolic (DOC beta blockers)

-watch out for alarm symptoms like pain in the chest (throbbing, tearing, aching or sharp pain, often sudden), pain in the back, nausea, vomiting, fainting, and systemic shock
-avoid moderate to high intensity exercises as much as possible

I made effort to search the MEP if there are clear cut field guidelines for patient with aortic aneurysm, unfortunately I found none. What is established is that a patient with symptomatic aneurysm should not be allowed to work in an offshore location.

I am still open to further discussions on this sir.

Warm regards.

DR. AIWUYO, HENRY

OH Physician/Cardiologist

EGTL clinic

EXT-77943

B2B dr oyebowale olaniyi

"as to diseases, make a habit of two things- to help, or at least, to do no harm"
hippocrates

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Monday, August 5, 2019 11:43 AM
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Cc: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Good day,

Below mail trail refers. Kindly help evaluated medical documents and attached Cardiologist report for above named EE who is coming to Escravos from the USA. His job description is- Reliability Engineering Manager.
Kindly review around the following key points:

1. Potential complications and the likelihood of progression
2. Management of these complications even if only initial intervention vis-à-vis available care level in Escravos
3. Possible instructions to communicate to employee as per preventing complications.

Thanks for your usual help.

Warm regards,

Eshiofe Asekomeh

From: Asekomeh, Eshiofe [DELOG]
Sent: Tuesday, July 30, 2019 7:44 PM
To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Cc: NIGEC Staff Physicians (l9esc300) <L9ESC300@chevron.com>
Subject: Snookal, Mark- Medical report

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from El Segundo, USA to Escravos, Nigeria on international assignment.
He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds)
Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria

CUSA0001525

From: Pitan, Olorunfemi (femi.pitan)[femi.pitan@chevron.com]
Sent: Thur 8/15/2019 8:18:18 AM (UTC)
To: Akintunde, Ujomoti[UJOM@chevron.com]
Cc: Asekomeh, Eshiofe [DELOG][EAEV@chevron.com]
Subject: RE: Snookal, Mark- Medical report

Dear Dr Akintunde,

Thanks for your very valuable input into this case. The opinion of NMA Cardiologists were communicated to the Physicians in the U.S.

It has been decided that Mark Snookal is not a suitable candidate to work in Escravos. He will be considered for an assignment in Lagos.

Kind regards,
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NMA HR: Focus, Process Excellence, Expertise

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From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Wednesday, August 7, 2019 5:25 PM
To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Ma,

Below is response from Dr. Akintunde. I have given her update on the Cardiologist report. I also engaged her on the pulse rate and we agreed on the fact that this could signify either the employee is already on a beta blocker and did not mention it on his form GO-146 or this is the reason why he is not on the beta blocker.

Warm regards,

Eshiofe Asekomeh

From: Akintunde, Ujomoti <UJOM@chevron.com>
Sent: Wednesday, August 07, 2019 5:08 PM
To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Dear Dr Asekomeh,

CUSA0001528

I concur with my colleagues. With an aortic root of 4.2cm, he is 'low risk' but not 'no risk'. I would however be more comfortable if he were on a beta-blocker as one of his meds or in addition to current meds. The fact that he does not smoke cigarettes is beneficial. There could be a reason his cardiologist did not put him on a beta-blocker. Could he have a contraindication such as asthma, COPD or allergy? Is there a medical report from his cardiologist? I only see imaging reports.

Kind regards,
Ujomoti Akintunde

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Tuesday, August 6, 2019 12:35 PM
To: Akintunde, Ujomoti <UJOM@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Good day,

Please see mail trail below.

Warm regards,

Eshiofe Asekomeh

From: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Sent: Monday, August 5, 2019 5:55 PM
To: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: RE: Snookal, Mark- Medical report

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CUSA0001529

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<DNOY@chevron.com>

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EGTL clinic

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hippocrates

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Warm regards,

Eshiofe Asekomeh

From: Asekomeh, Eshiofe [DELOG]

CUSA0001531

Sent: Tuesday, July 30, 2019 7:44 PM

To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Cc: NIGEC Staff Physicians (l9esc300) <L9ESC300@chevron.com>

Subject: Snookal, Mark- Medical report

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Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria